

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 1074

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010054-6

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY

Encl 4  
SAPC 21896  
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				9,984.	24

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total 9,984.24

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences \_\_\_\_\_

Date 11/22/57

\*Payee

Date not required when a like certificate is made by payee on attached bill or bills

Amount verified; correct for

(Signature or initials)

9,984.24

Contract No. A101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

†

(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in favor of payee named above.  
{ Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_, Payee \_\_\_\_\_ }

(Sign original only)

\* When a voucher is signed and initialed by the payee, the name of the payee must be written in the space provided, as well as the company in which he signs. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

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## CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 1074

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System II					
		Direct Costs Properly Chargeable to Contract A101 for the period 10/14/57 thru 11/10/57					
		STATINTL					
		Research & Development					
				Production			
						Total	
		Labor for the period 10/14/57 thru 11/10/57					
		Overhead computed for Communications Division at interim rates as follows:					
		Research & Development - [REDACTED] STATINTL					
		Production - [REDACTED] STATINTL					
		Other Costs - per schedule attached					
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$ 9,984.24	

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TICKET

BATCH NO	DATE	INVOICE	CHECK	CR	MEMO	NO	PAYEE NAME	TR	COST	CNTR	ACCT	MJO	SO	DATE	W	O	DISTR	AMT
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09	11	08	7	10-30-7	8580	1620		55	252510	12501	5027		1					2,686.50
																		2,686.50 *
																		2,686.50 **
																		2,686.50 ***

*Total*

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